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## **COVER LETTER**

	VMICROBLADING LLC	
SUBJECT:	Name of Limited Liability Company	
The analog of Article	s of Amendment and fee(s) are submitted for filing.	
Please return all corr	espondence concerning this matter to the following:	
	AYSEL GUNEYSU	
	Name of Person	
	Firm/Company	
	300 BAYVIEW DR UNIT 1103	
	Address	
	SUNNY ISLES BEACH FL. 33160	
	City/State and Zip Code	
	AYSEL.GUNEYSU@YAHOO.COM	
	E-mail address: (to be used for future annual report notification)	
For further informat	ion concerning this matter, please call:	
AYSEL GUNEYSU	910 978-1201	
Ni	at () me of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
■ \$25.00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IBROWMICROBLADING LLC					
(Name of the Limit	t <u>ed Liability <mark>Compa</mark> (A Florida Limited I</u>	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number $\frac{1.17000145724}{1.17000145724}$	iability Company	were filed on <u>07/07/2017</u>	and assigned		
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v		lity Commons "the decimpation "ELC" or	the abbreviation "LLC"		
the new name must be distinguishable and contain the v	vorus - Emilied Elath		THE UNITESTALITY FILES.		
Enter new principal offices address, if applic	able:	300 BAYVIEW DR UNIT 1103			
(Principal office address MUST BE A STREET ADDRESS)		SUNNY ISLES BEACH, FL 33160			
Enter new mailing address, if applicable:		300 BAYVIEW DR UNIT 1103			
(Mailing address MAY BE A POST OFFICE BOX)		SUNNY ISLES BEACH, FL 33160			
	_ <del></del>				
B. If amending the registered agent and registered agent and/or the new registered o	/or registered o ffice address her	ffice address on our records, <u>c</u> e:	enter the name of the n		
Name of New Registered Agent:	AYSEL GUNI	EYSU			
New Registered Office Address:	300 BAYVIEW DR UNIT 1103				
136 Wegnered White Bulletin	·	Enter Florida street address	3		
	SUNNY ISLE	S BEACH . Flori	da_33160 >		

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

Je Ginouph

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AYSEL GUNEYSU	300 BAYVIEW DR UNIT 1103	<b>=</b> Add
		SUNNY ISLES BEACH, FL 33160	□ Remove
			Change
			Remove
		<del></del>	Change
			□ Remove
			Change
			Remove
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fective date, if other than than effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	block does not meet the applic	able statutory filing re	(optional) than 90 days after filing.) Purs quirements, this date will i	mant to 605.0207 ( not be listed as t
	•			
e record specifies a delayo The 90th day after the re	ed effective date, but no cord is filed.	t an effective tim	e, at 12:01 a.m. on t	he earlier of:
ated	2017			
	Signature of a member or auth			

Page 3 of 3

Filing Fee: \$25.00